COMBINED INVENTOR DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

PATENT

| My residence, post | office address and | d citizenship are as stated below nex | t to my name, | |
|---------------------------------------|---|--|------------------|------------------|
| | ural names are lis | ted below) of the subject matter which tled: | | |
| | CELL DERI | IVED ANTIGEN PRESENTING V | ESICLES | |
| the specification of | which | | | |
| (check on | e) [] \ [X] \ | s attached hereto. Was filed on January 11, 1999 and he Was filed on January 11, 1999, as At WEOC.002.00US | | |
| | | nd understand the contents of the abo any amendment referred to above. | ove-identified | specification, |
| application as defininformation under | ned in Title 37, Co 37 CFR § 1.56 wh | Il information known to me to be mande of Federal Regulations, §1.56 and ich became available between the natifiling date of this application. | d, if applicable | e, all such |
| application(s) for p | ent or inventor's | its under Title 35, United States Cod s certificate listed below and have als ertificate having a filing date before | so identified b | elow any foreign |
| Prior Foreign Application(s) | | | Priority Claimed | |
| 96201945.1 | EP . | 11 July 1996 | | [X] [] |
| (number) | (Country) | (Day/Month/Year Filed) | Yes | No |
| Prior Foreign Application(s) | | | Priority Claimed | |
| (number) | (Country) | (Day/Month/Year Filed) | [] Yes | [] No |
| Prior Foreign Application(s) | | | <u>Priority</u> | Claimed |
| (number) | - (Country) | (Day/Month/Year Filed) | [] Yes | [] No |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112 I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| (Application Serial No.) | (Filing Date) | | (Status) |
|--|---------------|-----------|--------------------------|
| * PCT/EP97/03712 (Filing Date) (Status) * designating the U.S. | 8 July 1997 | Published | (Application Serial No.) |
| I hereby appoint: | | | |

BARBARA RAE-VENTER, Ph.D., Reg. No. 32,750 OFER MATALON, Attorney at Law, Reg. No. 39,439

as my attorneys or agents with full power of substitution and revocation to prosecute my above-identified application for Letters Patent and to transact all business in the Patent Office connected therewith.

Direct all telephone calls to Barbara Rae-Venter, Ph.D. at (650) 328-4400.

Address all correspondence to:

Barbara Rae-Venter, Ph.D. Rae-Venter Law Group, P.C. P. O. Box 60039 Palo Alto, California 94306-0039

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Full name of first joint inv | entor: Carl Gustav FIGDOR |
|------------------------------|---|
| Inventor's signature: | |
| Date: | |
| Residence: | Westwal 54, NL-5211 DD's Hertogenbosch, The Netherlands |
| Citizenship: | Netherland |
| Post Office Address: | Same |

| Full name of second joint in | nventor: Gosse Jan ADEMA | |
|------------------------------|--|---|
| Inventor's signature: | | |
| Date: | | |
| Residence: | Haydnstraat 53, NL-6561, ED Groesbeek, The Netherlands | |
| Citizenship: | Netherlands | |
| Post Office Address: | Same | ; |
| | | |

VEOC.002.00US DECPOA 011198